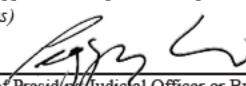


CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev 5/99)

1 CIR /DIST / DIV CODE EDNY		2 PERSON REPRESENTED ZHU, YONG		VOUCHER NUMBER	
3 MAG DKT /DEF NUMBER 20-1025 M		4 DIST DKT /DEF NUMBER		5 APPEALS DKT /DEF NUMBER	
7 IN CASE/MATTER OF (Case Name)  USA v. Zhu, ET AL.		8 PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input checked="" type="checkbox"/> Other Appeal		9 TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee Other	
10 REPRESENTATION TYPE (See Instructions)  CC					
11 OFFENSE(S) CHARGED (Cite U S Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i>  18 USC 371					
12 ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS  ROYCE RUSSELL 499 Seventh Avenue Floor 12N New York, NY 10018  Telephone Number : 212-683-3995			13 COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel  Prior Attorney's Name: _____ Appointment Dates: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions)   _____ Signature of President/Judicial Officer or By Order of the Court  10/28/2020 10/28/2020 Date of Order Nuac Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment <input type="checkbox"/> YES <input type="checkbox"/> NO		
14 NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)					
<b>CLAIM FOR SERVICES AND EXPENSES</b>			<b>FOR COURT USE ONLY</b>		
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT
In Court	a Arraignment and/or Plea				
	b Bail and Detention Hearings				
	c Motion Hearings				
	d Trial				
	e Sentencing Hearings				
	f Revocation Hearings				
	g Appeals Court				
	h Other (Specify on additional sheets)				
	(RATE PER HOUR = \$ ) TOTALS:				
Out of Court	a Interviews and Conferences				
	b Obtaining and reviewing records				
	c Legal research and brief writing				
	d Travel time				
	e Investigative and other work (Specify on additional sheets)				
(RATE PER HOUR = \$ ) TOTALS:					
17 Travel Expenses (lodging, parking, meals, mileage, etc.)					
18 Other Expenses (other than expert, transcripts, etc.)					
<b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>					
19 CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE  FROM: _____ TO: _____			20 APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21 CASE DISPOSITION
22 CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets I swear or affirm the truth or correctness of the above statements. Signature of Attorney _____ Date _____					
<b>APPROVED FOR PAYMENT — COURT USE ONLY</b>					
23 IN COURT COMP	24 OUT OF COURT COMP	25 TRAVEL EXPENSES	26 OTHER EXPENSES	27 TOTAL AMT APPR /CERT	
28 SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a JUDGE/MAG JUDGE CODE	
29 IN COURT COMP	30 OUT OF COURT COMP	31 TRAVEL EXPENSES	32 OTHER EXPENSES	33 TOTAL AMT APPROVED	
34 SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <i>Payment approved in excess of the statutory threshold amount.</i>			DATE	34a JUDGE CODE	